



MEDI-CAL UPDATE

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www.medi-cal.ca.gov

Pharmacy Bulletin 637

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Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs*, *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs*.

Addition, effective July 14, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡* EFAVIRENZ AND EMTRICITABINE AND TENOFVIR DISOPROXIL FUMARATE Tablets	600 mg/200 mg/300 mg	ea
* Restricted to use as a stand-alone therapy or in combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.		

Addition, effective September 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
PIOGLITAZONE HCL/METFORMIN HCL + Tablets	15 mg/500 mg 15 mg/850 mg	ea ea

Change, effective July 23, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
CLARITHROMYCIN Tablets, extended release	500 mg	ea
‡ Tablets	250 mg 500 mg	ea ea
(NDC labeler code 00074 [Abbott Laboratories] for tablets only.) (NDC labeler code 00074 [Abbott Laboratories] for tablets only for claims submitted with dates of service from August 1, 2005 through July 23, 2006.)		

+ Frequency of billing requirement

Please see Contract Drugs, page 3

EDS/MEDI-CAL HOTLINES

Border Providers(916) 636-1200
CDHS Medi-Cal Fraud Hotline1-800-822-6222
Telephone Service Center (TSC)1-800-541-5555
Provider Telecommunications Network (PTN).....1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



***OPT OUT** is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” OPT OUT link on the right side of the home page.*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD

IS AGAINST THE LAW

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.**

**CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222**

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (*continued*)

Change, effective September 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
DICALCIUM PHOSPHATE WITH OR WITHOUT VITAMIN D		
Capsules, tablets or wafers	<u>105 mg</u>	ea
ESOMEPRAZOLE MAGNESIUM		
Capsules, delayed release	20 mg	ea
	40 mg	ea
<u>(NDC labeler code 00186 [ASTRAZENECA LP])</u>		
PILOCARPINE		
Ophthalmic gel	4 % 3.5 Gm	Gm
	5 Gm	Gm
Ophthalmic solution	¼ % 15 cc	cc
	½ % 15 cc	cc
	30 cc	cc
Ophthalmic solution	1 % 15 cc	cc
	30 cc	cc
	2 % 15 cc	cc
	30 cc	cc
	3 % 15 cc	cc
	30 cc	cc
	4 % 15 cc	cc
	30 cc	cc
	5 % 15 cc	cc
	6 % 15 cc	cc
	30 cc	cc
	8 % or 10 %	cc
Tablets	5 mg	ea
	<u>7.5 mg</u>	<u>ea</u>
<u>(NDC labeler code 58063 [MGI Pharma] for tablets only.) **</u>		
** For labeler code restriction only, effective date is October 1, 2006		
* QUETIAPINE FUMARATE		
Tablets	25 mg	ea
	100 mg	ea
	200 mg	ea
	300 mg	ea
	<u>400 mg</u>	<u>ea</u>
* Restricted to individuals 6 years of age and older.		

Please see Contract Drugs, page 4

Contract Drugs (*continued*)**Change, effective October 1, 2006**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡* EMTRICITABINE		
Capsules	200 mg	ea
<u>Oral Solution</u>	<u>10 mg/ml</u>	<u>cc</u>
* Restricted to use as combination therapy in the treatment of Human Immunodeficiency Virus (HIV) infection.		
* MELOXICAM		
Tablets	7.5 mg	ea
	15 mg	ea
* Restricted to use for arthritis.		
Note: Subject to Step Therapy edits. See <i>Drugs: Contract Drugs List Part 8 – Step Therapy</i> for more information.		
(NDC labeler code 00597 [BOEHRINGER INGELHEIM PHARMACEUTICALS])		

These updates are reflected on manual replacement pages drugs cdl p1a 30 (Part 2), drugs cdl p1b 1, 5 and 44 (Part 2), drugs cdl p1c 21, 22 and 31 (Part 2), drugs cdl p2 5 (Part 2) and drugs cdl p4 6 and 14 (Part 2).

FUL List Updates

The *Drugs: MAIC and FUL List* section has been updated with the *Federal Upper Limit* (FUL) list changes as noted below:

Additions, effective July 23, 2006

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Acetaminophen; Oxycodone Hydrochloride			
Tablets	650 mg/10 mg	\$1.4187	ea
Clarithromycin			
Tablets	250 mg	2.3725	ea
	500 mg	2.3725	ea
Clindamycin Phosphate			
Topical (swab)	1%	0.6300	ea
Cyclobenzaprine Hydrochloride			
Tablets	5 mg	0.2475	ea
Dexamethasone; Neomycin Sulfate; Polymyxin B Sulfate			
Ophthalmic Ointment	0.1%; EQ 3.5 mg/Base/gm 10,000 units/gm	1.0714	gm
Digoxin			
Tablets	0.125 mg	0.2132	ea
	0.25 mg	0.2132	ea
Zonisamide			
Capsules	50 mg	1.0218	ea

Please see **FUL List**, page 5

FUL List (*continued*)**Deletions, effective July 23, 2006**

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Albuterol Metered-dose inhaler, with or without adaptor	0.09mg/inhalation	0.4367	Gm
Dexamethasone with Neomycin and Polymyxin Ophthalmic Ointment	0.1% - 0.35% - 10,000U/Gm	1.0713	Gm

Increases, effective July 23, 2006

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Desipramine Hydrochloride Tablets, oral	50 mg	<u>0.5339</u>	ea

Decreases, effective July 23, 2006

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Cyclobenzaprine HCl Tablets	10 mg	<u>0.1302</u>	ea

These changes are reflected on manual replacement pages drugs maic ful 1, 2, 10, 12, 13 and 38 (Part 2).

Medical Supply Products Updates

Effective for dates of service on or after September 1, 2006, the following diabetic supply products for Hypoguard USA have been added to the *Medical Supplies List* section:

<u>Description</u>	<u>UPN</u>	<u>Bill Quantity in Total Number of</u>
Haemolance Plus Micro Flow (28 gauge)	08317990250	Lancet
Haemolance Plus Micro Flow (28 gauge)	08317990200	Lancet
Haemolance Plus Low Flow (25 gauge)	08317990900	Lancet
Haemolance Plus Normal Flow (21 gauge)	08317990700	Lancet
Assure Pro Test Strips 50 ct.	08317460050	Strip
Assure Pro Test Strips 100 ct.	08317460100	Strip

Effective for dates of service on or after August 1, 2006, the following diabetic supply product for Abbott Laboratories Inc., MediSense Products has been added to the *Medical Supplies List*. Also, effective for dates of service after October 31, 2006, the following diabetic supply product has been end dated for Abbott Laboratories Inc., MediSense Products:

	<u>Description</u>	<u>UPN</u>	<u>Bill Quantity in Total Number of</u>
Add	Precision Xtra Beta Ketone	57599074501	Strip
Discontinue	Precision Xtra Beta Ketone	57599881508	Strip

These products are reimbursable to Pharmacy providers only, and must be billed using the Point of Service (POS) network, Computer Media Claims (CMC) or paper.

These updates are reflected on manual replacement pages mc sup lst1 15 and 18 (Part 2).

Billing Code Updates for Urological Products

Effective for dates of service on or after October 1, 2006, the following billing code updates shall apply:

- All billing codes with the Mentor manufacturer's Medi-Cal Code NR are no longer reimbursable, except for billing code 9943N. Coloplast Corporation purchased the Mentor Corporation urologicals division on June 2, 2006. However, billing code 9943N is still reimbursable with the manufacturer billing code NR. Therefore, the following billing codes with manufacturer's billing code NR are no longer reimbursable: 9912R, 9913P, 9913R, 9913S, 9913T, 9913W, 9914H, 9914I, 9914K, 9914L, 9914M, 9915Y, 9919J, 9919P, 9919S, 9919T, 9919W, 9919Y, 9959N, 9981E, 9981F, 9981H, 9981J, 9981K, 9981T, 9991K, 9991L, 9991M, 9992H, 9992J, 9992K, 9993E, 9993F, 9993H, 9993J, 9993N, 9993P, 9993R, 9999A.
- The following billing codes, with manufacturer's billing code MN, are no longer reimbursable: 9912R, 9912S, 9913J, 9913R, 9915Y, 9919J, 9959N and 9992H.
- All Sierra Laboratories, Inc. billing codes, with manufacturer's billing code YE, are no longer reimbursable. Those codes are 9991B, 9991D, 9991E, 9991F, 9994A and 9994B.
- The following billing codes, for products manufactured by Coloplast, are reimbursable with the manufacturer's billing code JN: 9912R, 9912S, 9913J, 9913R, 9913S, 9913T, 9913W, 9914F, 9914G, 9914H, 9914I, 9914J, 9914K, 9914L, 9914M, 9914N, 9914O, 9915Y, 9919J, 9919P, 9919S, 9919T, 9919W, 9919Y, 9959N, 9981D, 9981E, 9981F, 9981H, 9981J, 9981K, 9981T, 9992H, 9992J, 9992K, 9993N, 9993P and 9993R.

These updates are reflected on manual replacement pages mc sup lst4 3, 4, 5, 7, 17 thru 19 and 25 (Part 2) and mc sup man cd 6 and 7 (Part 2).

Adult Briefs Incontinence Supplies Addition

Effective for dates of service on or after July 1, 2006, providers can purchase three (3) additional disposable incontinence briefs from Medline Industries at or below the Maximum Acquisition Cost (MAC) in the list below. Reimbursement to providers for the following products begins for dates of service on or after July 1, 2006.

All manufacturers' products not included in a contract and not appearing in the provider manual are not a Medi-Cal benefit, are not granted prior authorization with a *Treatment Authorization Request* (TAR) and are not reimbursable.

<u>Size</u>	<u>Description</u>	<u>Stock Number</u>	<u>UPN/UPC</u>	<u>Medi-Cal Guaranteed Acquisition and Maximum Allowable Cost</u>	<u>Billing Code</u>
Youth	Protection Plus Classic Brief	MSC**95100	80196701446	\$0.3064	9997Q
Small	Protection Plus Contour Brief	MSC**94250	80196762423	\$0.3150	9997T
Small	Ultra Soft Brief	MSC**97250	80196735878	\$0.3150	9997T

These updates are reflected on manual replacement pages incont lst1 3 and 4 (Part 2).

Respiratory Syncytial Virus (RSV) Update 2006

The California Department of Health Services (CDHS) and MedImmune, Inc. invites providers to participate in a live interactive Webcast at www.livemeeting.com/cc/medimmune/join. The event features presentations by:

- Vincent A. Haynes, M.D., FAAP – Director, Medical Sciences for MedImmune, Inc., and Clinical Associate and Professor of Pediatrics at USC School of Medicine.
- Barry Handon, M.D. – Medical Consultant for Medi-Cal Policy Division for CDHS
- Kathy Chance, M.D. – Medical Consultant for Children's Medical Services for CDHS

*Please see **RSV Update**, page 7*

RSV Update (*continued*)**Objectives**

- Discuss the epidemiology of Respiratory Syncytial Virus (RSV)
- Define the risk factors for severe lower respiratory disease caused by RSV
- Identify RSV prevention strategies
- Discuss recent Medi-Cal policy changes for Synagis (palivizumab)

When

The same webcast will be offered at the following two dates and times:

Monday**September 25, 2006**

12 – 1:30 p.m.

Tuesday**September 26, 2006**

12 – 1:30 p.m.

The only requirement necessary to join the Webcast is a telephone near a computer with an Internet connection. To listen to the audio portion, call 1-866-897-4137 and enter participant code **9259730261**. To view the webcast, log on to the Web site at www.livemeeting.com/cc/medimmune/join and enter the following information:

- Your name
- The following Meeting ID number: CJ8M69
- Leave the Meeting Key field blank

Webcast viewers should log on to go.microsoft.com/fwlink/?linkid=52354 prior to the day of the Webcast (but no later than 15 minutes before the Webcast) to make sure their system is compatible with Microsoft Office Live Meeting. For technical support with the Webcast, please call 1-800-374-1852.

Intracranial Hemorrhage Events in Patients Receiving Aptivus (tipranavir) Capsules

On June 30, 2006, Boehringer Ingelheim (BI) disseminated a letter to inform health professionals of new safety information for Aptivus (tipranavir) capsules co-administered with ritonavir, 500 mg/200 mg BID.

- BI has identified 14 Intracranial Hemorrhage (ICH) events, including eight fatalities, in 13 out of 6,840 HIV-1 infected individuals receiving Aptivus (tipranavir) capsules, as part of combination antiretroviral therapy, in clinical trials.
- Many of the patients in the Aptivus clinical development program had other medical conditions (CNS lesions, head trauma, recent neurosurgery, coagulopathy, hypertension or alcohol abuse) or were receiving concomitant medications, including anticoagulants and antiplatelet agents, that may have caused or contributed to these events.

BI has added a new paragraph to the boxed warning section of the package insert that reads as follows:

**APTIVUS CO-ADMINISTERED WITH 200 MG RITONAVIR HAS BEEN
ASSOCIATED WITH REPORTS OF BOTH FATAL AND NON-FATAL
INTRACRANIAL HEMORRHAGE. (SEE WARNINGS)**

Although ICH has occurred in Medi-Cal recipients receiving the Aptivus/ritonavir combination, a causal relationship cannot be established. It should be noted that patients with advanced HIV disease have an increased risk for ICH. Medi-Cal providers should inform patients that Aptivus co-administered with 200mg of ritonavir has been associated with reports of both fatal and non-fatal ICH. In addition, such patients should be encouraged to report any unusual or unexplained bleeding to their physician or pharmacist. Special consideration should be given to patients who are at increased risk for bleeds or are taking medications known to increase bleeding.

Adverse reactions should be reported to the FDA MedWatch program by telephone at 1-800-332-1088, by FAX at 1-800-332-0178, via www.FDA.gov/medwatch, or by mail to MedWatch; HF-2; FDA 5600 Fishers Lane; Rockville, MD 20857.

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Remove and replace:

drugs cdl p1a 29/30
drugs cdl p1b 1/2, 5/6 and 43/44
drugs cdl p1c 21/22 and 31/32
drugs cdl p2 5/6
drugs cdl p4 5/6 and 13/14
drugs maic ful 1/2, 9 thru 14 and 37/38
incont lst 3/4
mc sup lst1 15 thru 18
mc sup lst4 3 thru 8, 17 thru 20 and 25/26
mc sup man cd 5 thru 8